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		TITLE	Virtual Private Network Access Policy		

1.0 Purpose

The purpose of this document is to establish and define a policy, which will provide guidelines for utilization of the Remote Access Virtual Private Network (VPN) connections to the State of Rhode Island network.

2.0 Objectives

The objective of this policy is to clearly define and set guidelines from the use of the VPN (both SSL VPN – Juniper and IPSEC VPN – Cisco).

3.0 Scope

This policy applies to all State of Rhode Island employees, contractors, and consultants including all personnel affiliated with third parties utilizing VPN to access the State network. Any exceptions to this policy will require approval from the Director of Operations.

4.0 History

This policy shall supersede all previous “State” Virtual Private Network Access Policies


5.0 References

Enterprise Password Security 10-01
Active Directory Standard 02-01

6.0 Definitions

6.1 Virtual Private Network

A Virtual Private Network (VPN) provides a secure network connection over the Internet between an individual and a private network. By utilizing the public Internet for data transport, VPN provides a low cost solution to remote access or connectivity. In effect, this allows employees of the state,

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contractors or consultants access to the State network resources as if they were on campus.

The VPN connection is established by running special software on the remote computer that communicates with specific hardware located in the State's network. The VPN hardware is assigned a unique Internet address, which is programmed into the remote software. Access is granted to users by login, using account name and password combinations (Enterprise Password Security 10-01).

6.2 Split Tunneling


When connected via the Remote Access VPN, it is a method that allows Internet destined traffic to be sent unencrypted directly to the Internet, which could compromise the network.

7.0 Policy

State employees, contractors or consultants may be permitted access though VPN with the approval of the requestor's supervisor and/or the Director of Operations. VPN is a "user managed" service. This means that the user is responsible for selecting an Internet Service Provider (ISP), coordinating installation, installing any required software, and paying associated fees.

Additionally,

- VPN access is provided through Division of Information Technology (DoIT). No other department or agency may implement VPN services
- Only the VPN client distributed and supported by DoIT may be used.
- VPN use is controlled using an account name and password. These will be assigned by DoIT network administrator or authorized delegate (Enterprise Password Security 10-01).
- It is the responsibility of users with VPN access to ensure that unauthorized users are not allowed access to the State network.

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- When actively connected to the State network, all traffic to and from the remotely attached PC is through the VPN tunnel, including Internet browsing.
- All network activity during a VPN session is subject to State of Rhode Island policies and may be monitored for compliance.
- Dual (split) tunneling is NOT permitted during a VPN session to the State network
- All computers connected to the State network via VPN or any other technology must use up-to-date anti-virus software that meets or exceeds the State standard. Proof of compliance is required prior to the assignment of a VPN account. Standards are available from the Enterprise Service Desk.
- The VPN concentrator is limited to an absolute connection time of eight (8) hours. Sessions are also terminated due to user inactivity.
- Users of computers that are not State owned equipment will not be permitted to utilize the Cisco VPN. Exceptions to this rule may be granted by the Director of Operations but must comply with all State policies and standards. (SSL VPN is available from non-State-owned computers considering that they meet the minimum requirements available from the Enterprise Service Desk)

8.0 Statement of Consequences

Noncompliance with this policy may constitute a legal risk to the State of Rhode Island, an organizational risk to the State of Rhode Island in terms of potential harm to employees or citizen security, or a security risk to the State of Rhode Island's Network Operations and the user community, and/or a potential personal liability. The presence of unauthorized access in the State network could lead to liability on the part of the State as well as the individuals responsible for obtaining it.

9.0 Statement of Enforcement


Any Remote Access VPN authorized user found to have violated this policy may be subject to disciplinary action, loss of VPN privileges and/or termination. IN ADDITION, VIOLATORS MAY BE SUBJECT TO CRIMINAL PROSECUTION, CIVIL LIABILITY, OR BOTH FOR UNLAWFUL USE OF ANY VPN.

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10.0 Approvals:


 Assistant Director of Planning, Policy & Technology

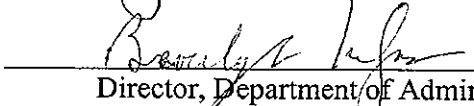
1/9/07
 Date


 Director of Operations

1/9/07
 Date


 Chief Information Officer

1/22/07
 Date


 Director, Department of Administration

2/2/07
 Date

**State of Rhode Island
State of Rhode Island Network
Virtual Private Network (VPN) Access Registration Form**

Non-State Employee

Please complete sections I, II and III of this form, provide your signature in the requested areas and forward it to your company's supervisor for approval and signature in section IV. After receipt of this form, the Authorizing Entity will provide instructions for setting up your VPN access to the State of Rhode Island Network.

I. Registrant Information *(Please type or print clearly and complete all fields)*

Name:

Company Name:

Street Address:

City, State, Zip Code:

Telephone:

E-mail Address:

II. Justification

I am requesting VPN access to the State of Rhode Island Network for access to the following system(s):

I require this access for the following purpose:

III. Registrants Acknowledgment (Signature of subscriber required)

As a user of the State of Rhode Island Virtual Private Network, I understand that the confidentiality and protection of the State's information is of the utmost importance. I have read and understand the State's Policy on the acceptable use of the State of Rhode Island Network's Remote Access Virtual Private Network.

If I receive access to the State of Rhode Island Network Virtual Private Network, I will use it only for authorized purposes. I will notify the Authorizing Entity immediately if I believe that another person may have obtained unauthorized access.

I understand that all information transmitted or received through the State of Rhode Island Network Virtual Private Network is the property of the State and is to be used for State business only. I further understand that representatives of the State are authorized to monitor the use of the State of Rhode Island Network Virtual Private Network.

I attest that the information submitted on this form is correct. I am aware that any violation of the State of Rhode Island Network's Remote Access Virtual Private Network Policy may subject me to disciplinary action; loss of VPN privileges and that unlawful use of the State of Rhode Island Network VPN may result in civil liability, criminal liability or both.

Signature: _____ Date: _____

IV. Company Approval (Signature of employee's supervisor is required.)

The above individual has been approved to acquire VPN Access on behalf of:

(Company Name)

I understand that it will be my responsibility to notify the Authorizing Entity, in a manner prescribed by the Authorizing Entity, immediately upon learning that this individual is no longer employed with the company, that his/her authorization to access the State of Rhode Island Network on behalf of the company has been withdrawn, or if any misuse of the VPN access mechanism or unauthorized access to the network has occurred.

Signature: _____ Date: _____

Title: _____

V. Authorizing Entity's Approval

Program Manager (The Program Manager is the employee designated by the Authorizing Entity to administer the services for which VPN access is being requested.)

Signature: _____ Date: _____

CIO (or Designee): _____ Date: _____

**State of Rhode Island Network
Virtual Private Network (VPN) Access Registration Form**

State Employee

Please complete sections I, II and III of this form, provide your signature in the requested areas and forward it to your agency's supervisor for approval and signature in section IV. After receipt of this form, the Authorizing Entity will provide instructions for setting up your VPN access to the State of Rhode Island Network.

I. Registrant Information *(Please type or print clearly and complete all fields)*

Name:

Agency/Organizational Unit Name:

Street Address:

City, State, Zip Code:

Telephone:

E-mail Address:

II. Justification

I am requesting VPN access to the State of Rhode Island Network for access to the following system(s):

I require this access for the following purpose:

III. Registrants Acknowledgment (Signature of subscriber required)

As a user of the State of Rhode Island Virtual Private Network, I understand that the confidentiality and protection of the State's information is of the utmost importance. I have read and understand the State's Policy on the acceptable use of the State of Rhode Island Network's Remote Access Virtual Private Network

If I receive access to the State of Rhode Island Network Virtual Private Network, I will use it only for authorized purposes. I will notify the Authorizing Entity immediately if I believe that another person may have obtained unauthorized access.

I understand that all information transmitted or received through the State of Rhode Island Network Virtual Private Network is the property of the State and is to be used for State business only. I further understand that representatives of the State are authorized to monitor the use of the State of Rhode Island Network Virtual Private Network.

I attest that the information submitted on this form is correct. I am aware that any violation of the State of Rhode Island Network's Remote Access Virtual Private Network Policy may subject me to disciplinary action; loss of VPN privileges and that unlawful use of the State of Rhode Island Network VPN may result in civil liability, criminal liability or both.

Signature: _____ Date: _____

IV. Supervisor's Approval (Signature of employee's supervisor is required.)

The above individual has been approved to acquire VPN Access on behalf of:

(Program Name)

I understand that it will be my responsibility to notify my agency's CIO (or designee) in a manner prescribed by the agency's internal policy, immediately upon learning that this individual is no longer employed with the agency, that his/her authorization to access the State of Rhode Island Network on behalf of the agency has been withdrawn, or if any misuse of the VPN access mechanism or unauthorized access to the network has occurred.

Signature: _____ Date: _____

Title: _____

V. Authorizing Entity's Approval

CIO (or Designee): _____ Date: _____